| | | | 3 No 0651- | 0011 (12/31/86) |
|--|--|--|---|--------------------|
| AME | NDMENT TRANSMITT | AL LETTER | Docket N | umber ACCOLDEPCONT |
| Application Number | Filing Date | Examiner | | roup |
| (07/205~209 | 06/10/88 | J. Hulea | 1 | 1 Unit |
| rvention title | 00/10/00 | 0 | | |
| | NANT IMMUNOGLOBULI | N PREPARATION | S . | |
| Small Entity sta | ER (): PATENTS AND TRA is an amendment in the aboutus of this application has be ously submitted. | ve - identified applicat een established under | 37 CFR 1.27 by a | |
| | nent to establish Small Entit | y status under 37 CFI | 1 1.27 is enclosed. | |
| No additional fe | | | | |
| X The fee has be | en calculated as shown belo CLAIMS AS | | | |
| | CLAIMS AS A | (2) | (3) | |
| | CLAIMS | HIGHEST | PRESENT | |
| | REMAINING | NUMBER | NUMBER | |
| | AFTER AMENDMENT | PREVIOUSLY PAID FOR | EXTRA | FEE |
| | • 20 | minus 20 | x \$12 | |
| TOTAL CLAIMS | • 3 | minus 3 | x \$36 | |
| NDEPENDENT CLAIMS | | minus 3 | \$120 | |
| MULTIPLE DEPENDENT (| CLAIM ADDED | | | |
| | | | TOTAL | \$ |
| If applicant is a small entity under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here. | | SMALL ENTITY TOTAL | \$ | |
| If the highest number previously provided the highest number previously number previous | s than the entry in column 2, we susty paid for IN THIS SPACE is county paid for IN THIS SPACE aid for (total or independent) is the Deposit Account Number 10 pages of this shoot is analosed | s less than 20, enter "20 is less than 3, enter "3". highest number found in the arr | ne appropriate box in \propto | olumn:1. |
| | opy of this sheet is enclosed amount of \$ | | is enclosed. | |
| communication | oner is hereby authorized to or credit any overpayment opy of this sheet is enclosed. | to Deposit Account Nu | e following fees as umber <u>07-0630</u> | sociated with th |
| X Any addition | nal filing fees required under | 37 CFR 1.16. | | |
| Any patent a | application procesing fees u | nder 37 CFR 1.17. | | 0 |
| | May 2, 1990 | <u>—h</u> | ax # M | |
| • | (Date) | , | (Signature | |